DOCUMENT RESUME

ED 391 347 EC 304 597

AUTHOR	Teddlie, Charles
TITLE	Services for Children with Deaf-Blindness in Louisiana. Final Performance Report.
INSTITUTION	Louisiana State Dept. of Education, Baton Rouge. Office of Special Educational Services.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	29 Dec 95
NOTE	47p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Deaf Blind; Disability Identification; Elementary Secondary Education; *Inservice Education; Needs Assessment; Parent Education; *State Programs; *Technical Assistance; Transitional Programs
IDENTIFIERS	*Louisiana

ABSTRACT

This final report describes activities and accomplishments of the Services for Children with Deaf-Blindness project, a 1-year federally supported project in Louisiana to improve identification and curriculum for these children by providing technical assistance and training to parents, school systems, and agency personnel. Project activities focused on five areas: (1) student identification and project management; (2) family training; (3) technical assistance; (4) transition planning services; and (5) systems change. Major accomplishments included: provision of more direct services via telephone or visitation, development of needs assessment information from a variety of sources, relocating the Technical Assistance Center to the Louisiana State University Medical Center Human Development Center, and continued training focusing on Usher's Syndrome. Individual sections of the report describe the project's goals and objectives, accomplishments, findings, problems solved, recommendations, and products developed. (Contains 11 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 391 347

Evaluation Report for Services for Children with Deaf-Blindness in Louisiana, 1994-95

Prepared and Submitted by:

Charles Teddlie
K.T. Associates
413 Baird Drive
Baton Rouge, LA 70808-6806
504-769-7352

December 29, 1995

EC 304 597

BEST COPY AVAILABLE

SERVICES FOR CHILDREN WITH DEAF-BLINDNESS
CFDA-84.025A - STATE AND MULTI-STATE PROJECTS

FINAL PERFORMANCE REPORT

PROJECT NUMBER:
CFDA Number 84.025A

PROJECT TITLE:
Services for Children with Deaf Blindness in Louisiana

PROJECT DIRECTOR:
Joyce E. Russo

MAILING ADDRESS:
Bureau of Planning and Program Development
P.O. Box 94064
Baton Rouge, LA 70804-9064

TELEPHONE NUMBER:
504-763-3580

PROJECT START DATE:
10/01/94

PROJECT END DATE:
9/30/95

GEOGRAPHIC AREA SERVED:
Statewide (All Districts)

PROJECT SERVICE OFFERED BY PROJECT:
Ages of Children: all ages, birth through 21
No. of Children: 140

TECHNICAL ASSISTANCE:
No. of Parents: 34
No. of Teachers: 163
No. of Administrators: 36

****

EXECUTIVE SUMMARY: (Intent of Project: Who, what, how, where, when, why; Accomplishments)

Intent of Project: The purpose of this project is to aid in the identification of children with deaf-blindness and to promote the delivery of age-appropriate functional curricula in least restrictive environments. The project will achieve these goals by providing training opportunities and intensive technical assistance to parents, school systems, and agency personnel.

Activities: The project activities are divided among five major areas of operation: 1) student identification and project management, 2) family training, 3) technical assistance provision, 4) transition planning services, and 5) systems change. These five areas are further divided into seven Objectives and 25 Sub-objectives.

Accomplishments: During project year 1994-95, the evaluation team concluded that 13 of the Sub-objectives were fully accomplished, 5 were partially accomplished, 5 were not accomplished, and 2 were not relevant since they had been accomplished in previous years of the project. The project was particularly successful in four areas in 1994-95:

* provision of more direct services via telephone or visitation, as noted by the documented evidence of in-service;
* development of needs assessment information from a variety of sources (survey, focus group, training groups);
* relocating the TAC to the Louisiana State University Medical Center Human Development Center; and
* continued training focusing on Usher's Syndrome (e.g., the Deaf/Blind Parent Conference, which was cited by the federal Office of Special Education Programs as an exemplary program for that population.)

II. TABLE OF CONTENTS

I.	Project Identification Items and Executive Summary	2
II.	Table of Contents	3
III.	Goals and Objectives	4
IV.	Accomplishments of Project	9
V.	Findings/Problems Solved/Recommendations	37
VI.	References	44
VII.	Products Developed	46
VIII.	Appendices	47

LIST OF TABLES

TABLE 1	Changes in Objectives and Sub-Objectives for the Deaf-Blind Grant Across Four Project Years	10
TABLE 2	Overall Mean Scores and Standard Deviations for Items on the Parent-Teacher Conference Evaluation Form	17
TABLE 3	Comparison of Scores Given by Teachers and Service Providers for Items on the Parent-Teacher Conference Evaluation Form	18
TABLE 4	Summary Table of Accomplishment of Objectives, 1994-95 Project Year	33

Appendices not in copy received by ERIC.

III. GOALS AND OBJECTIVES

The goals and objectives of the Services for Children with Deaf-Blindness in Louisiana Grant (hereafter called the Deaf-Blind Grant) for the 1994-95 project year are best summarized in the project application for that year (LDE, 1994), which was written by staff in the Louisiana Department of Education (LDE) Office of Special Educational Services (OSES) Bureau of Planning and Program Development (BPPD). The following section will summarize the intent of the seven major objectives derived from that grant continuation application, while Section IV will elaborate upon the 25 Sub-objectives and the degree to which they were accomplished in 1994-95.

As a point of historical reference, the 1994-95 grant period was the third and final year in a three year cycle of funding. There has been an ongoing re-organization of the Sub-objectives associated with the major objective areas since the last year of the previous grant cycle. In summary, the total number of Sub-objectives was dropped from 49 in 1991-92 to 33 in 1992-93 to 29 in 1993-94, and to 25 in 1994-95. The evaluation team had previously advised (K. T. Associates, 1992, 1993) that the large number of Sub-objectives (i.e., 49) be trimmed by combining and eliminating those that were less important or relevant at the current time, and the BPPD chose to make these changes in its 1992-93 and 1993-94 grant applications, with additional changes in the 1994-95 grant continuation application. These changes in Sub-objectives will be detailed in Section IV.

With regard to the major objective areas, the 1994-95 grant continuation application (LDE, 1994) chose to reduce the eight major objective areas to seven by dropping Objective 3 from the present application and incorporating part of that objective under Objective 1, (i.e., Sub-objective 3.3 became Sub-objective 1.3). The remaining objectives then moved up in number with Objective 4 becoming Objective 3, Objective 5 becoming Objective 4, Objective 6 becoming Objective 5, Objective 7 becoming Objective 6, and Objective 8 becoming Objective 7. Table 1 in Section IV of this report provides a detailed explanation of how the objectives and Sub-objectives for the Deaf-Blind Grant have changed over a four year period. The rest of this section will briefly describe each of the major objective areas for the 1994-95 program year.

Objective 1: Organize project resources in order to effectively complete the work scope of the project.

Project staff must receive training in the provision of appropriate services to individuals with deaf-blindness if the direct service component of the grant is to be realized. Building the capacity of a technical assistance entity will allow the LDE to assist educational programs and families in the design and implementation of programs associated with quality standards. This

objective also addresses the continuing operation of the Advisory Council, as well as the continuing efforts made to ensure the completeness and accuracy of the deaf-blind census.

LANSER (Louisiana Network for Special Education Records) is a computerized system used to track and maintain information on all children referred for evaluation services and on all children eligible for special education services. It includes a deaf-blind data element, and district personnel need more training on how to accurately enter the data into the central pool of information for the state. Increasing the accuracy of the deaf-blind census will also benefit the national census as its accuracy will be concomitantly improved.

Despite initial hopes that the LANSER system would result in the identification of more students for the deaf-blindness census, the BPPD staff now recognizes that the system as it is currently functioning can only help in the verification of students already on the system. BPPD staff have turned their attention to increasing teacher and district level awareness of the need to properly assign individuals to the deaf-blind category, which is covered in Objective 2.

Objective 2: Improve the school systems and other agencies' ability to identify eligible children for the deaf-blind census.

The maintenance of an accurate data base on all of Louisiana's citizens with deaf-blindness, ages birth through 21 years, and their families, has proven historically to be particularly problematic. The project proposes to carefully evaluate and adapt where necessary the awareness training that the school systems and other agencies that identify eligible children receive.

The evaluation of infants and toddlers and older children with severe disabling conditions has also proven to be problematic. The early identification and classification of children with deaf-blindness often is not accomplished because appraisal professionals lack the skill and experience to accurately recognize the manifestations of a dual sensory impairment. Therefore, children exhibiting behaviors indicative of a dual sensory impairment are often misdiagnosed or are classified in categories other than deaf-blind and never appear on the deaf-blind census.

Efforts of the project staff relative to this objective should involve providing assistance to members of the district appraisal teams in order to improve their ability to recognize and classify children with deaf-blindness. The sooner children with deaf-blindness are placed on the state's deaf-blind census, the sooner they and their families will receive the specialized interventions that can impact so favorably on child development and family functioning.

Objective 3: Increase the ability of families to access services which meet the needs of the family unit as well as those of the child with deaf-blindness, aged birth through 21.

Project staff recognize the crucial role that families play in the early identification of children with deaf-blindness and the important contributions that families can make to the effectiveness of the overall intervention process. Strategies that target families, in an attempt to increase the families' ability to access services, have the immediate benefit of increasing the likelihood that those families will be able to better manage the needs and demands of their member within the family and community systems. This will reduce the chance that institutionalization will be considered as an option.

Objective 4: Integrate infants/toddlers with deaf-blindness (birth through 2) into community programs and/or assist appropriate agencies in the design and implementation of transition services for this population.

There are clear indices that Louisiana is unable to meet the demand for infant/toddler family intervention services by continuing to rely on the network of private, primarily segregated service providers. For example, all service providers within the state maintain a long waiting list. Parents of infants and toddlers with known or suspected disabilities have voiced concern and frustration over the lack of services. Given the enormous challenges of developing a statewide infant intervention service system in Louisiana, it is obvious that steps must be taken to creatively and efficiently use multiple service delivery systems and agencies, by integrating infant/toddlers with deaf-blindness (birth through 2) into existing community programs whenever possible.

Times of transition are obviously stressful times for both children with disabilities and their families. Changes in services and providers often result in new challenges and problems. For example, families of toddlers with deaf-blindness who are preparing for transition to public school noncategorical classrooms in Louisiana may be overwhelmed with concerns and questions about the quantity and quality of services in a classroom situation.

Periods of transition can also be difficult for professionals representing both the "sending" and "receiving" agencies. P.L. 102-119 has emphasized the importance of anticipating and carefully planning transitions, but there has been little guidance or training available for professionals on how to effectively collaborate with families and other agencies to arrange for transitions that are as nondisruptive as possible.

By providing information on the importance of addressing transition issues early and in an ongoing manner, the project will help families and professionals anticipate and plan for many of the accommodations and changes

that will occur as children and their families move from one service to another. Thus, the disruptions and subsequent stressors can be minimized. Project personnel will assist in this process by emphasizing the importance of including transition goals on all Individualized Family Service Plans (IFSPs), by providing direct assistance in developing specific transition plans, and by assisting in the implementation and evaluation of child transition plans. Therefore, the accomplishment of this objective will benefit the infant/toddler, his or her family, and service providers.

Objective 5: Improve the capacity of intervention and educational programs to appropriately serve children with deaf-blindness, ages birth through 21 by: a) providing services in least restrictive settings; b) ensuring that the curriculum results in functional outcomes; and c) utilizing published "best practices" standards to evaluate and revise intervention/educational programs.

It is unclear as to the quality of existing educational programs for children with deaf-blindness. Since most teachers are without appropriate certification, it is probable that most programs are not age appropriate and are not developmental in nature. Provision of technical assistance to educational programs will assist in the design and implementation of functional curricula, which will promote interactions in natural settings with non-disabled peers. Technical assistance services will assist education service providers in revising their programs and will also increase the number of individuals available to provide training to instructional personnel throughout the state.

The Louisiana State University Medical Center Human Development Center (LSUMCHDC) was awarded a subgrant under the Deaf-Blind Grant in 1994-95 to provide technical assistance by meeting the following objectives: 1) Evaluate the least restrictive environment status for all children and youth on the Louisiana census with dual sensory impairment; 2) Provide student-centered technical assistance to personnel serving these youngsters; 3) Establish a lending library and disseminate materials statewide regarding dual sensory impairment and best practices for meeting child and family needs for services and supports; and 4) Evaluate the impact of the project and work to increase the capacity in Louisiana to meet the needs of youngsters who are deaf and blind. As will be detailed below, this technical assistance center did not begin operation in grant year 1994-95.

Objective 6: Assist appropriate agencies in the design and implementation of transition services for young adults with deaf-blindness.

While numerous interagency efforts are beginning to occur in Louisiana, the number of young adults with deaf-blindness who have been the recipients of

proper transition planning to date is still small. Design and implementation of these services with this population will serve as an example to other educational programs throughout the state on how to implement transition programs for young adults with deaf-blindness. Restrictive programming options are not only associated with school services for this population, but also for adult service providers. It is imperative that young adults with deaf-blindness exit school into less restrictive adult options such as supported employment.

As the number of children with deaf-blindness who have been successfully transitioned into dignified adult options increases, opportunities for personnel training and parent support increase. Thus, a benefit of this objective will be that educators and adult service providers will learn strategies for implementing transition services for children with deaf-blindness.

Objective 7: Examine the impact of systemic policies and practices on children with deaf-blindness and their families.

The impact of specific policies at the state and local levels must be constantly examined in light of specific outcomes for children with deaf-blindness and their families. Currently, many regulations in place restrict the ability of educational programs to appropriately serve children with deaf-blindness (e.g., identification and reporting of children). Improved policy statements and agency regulations on a state and local level will dramatically improve the ability of educational programs to serve children with deaf-blindness.

Evaluation Objectives for Project Year 1994-95

The overall evaluation objectives for project year 1994-95 were two-fold, as they were in previous project years (e.g., K. T. Associates, 1993, 1994, 1995a). The two aspects of the evaluation are:

1) to provide process and product evaluations of each of the 25 Sub-objectives; and

2) to answer the 10 general evaluation questions specified in the 1991-92 grant proposal (LDE, 1991).

Section IV summarizes results from the first set of evaluation goals, while Section V summarizes results from the second set.

There were several data sources used in the evaluation of the 1994-95 project:

1) observations at the LDE;

2) interviews and phone calls with key personnel and other project stakeholders (LDE, LSUMCHDC, parents);

3) document analysis of information provided by the LDE and LSUMCHDC with regard to each of the 25 Sub-objectives;

4) a consumer satisfaction questionnaire from the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness, held in Alexandria, collected by the LDE (i.e., K. T. Associates, 1995b); and

5) a needs assessment survey based on the Louisiana Deaf-Blind Census. (i.e., K. T. Associates, 1995c).

Interviews were conducted over the course of the year at both the BPPD and at the LSUMCHDC. The document analysis was as extensive as in previous years (K. T. Associates, 1992, 1993, 1994), with evaluation team members poring over items from both the LDE and the LSUMCHDC. The Appendices are composed of some of these documents, and there were many more that were not included.

Evidence from evaluations of participants' responses to workshops and conferences was not as extensive as last year's evaluation. The only evidence of consumer satisfaction survey data or attendance information from any of the workshops and conventions presented during the year was an evaluation survey from the Deaf-Blind Annual Conference and a needs assessment survey distributed to the census population. The more quantifiable data that is available to the evaluation team, the more complete the evaluation report. Once again, it is strongly recommended that all workshops and programs associated with the Deaf-Blind Grant continue to be evaluated with a consumer satisfaction survey form.

IV. ACCOMPLISHMENTS OF PROJECT

The BPPD specified 33 Sub-objectives in 10 general objective areas to be accomplished during the 1992-93 grant period (LDE, 1992). As noted above, this represents a considerable reduction in the number of Sub-objectives that were evaluated for the 1991-92 program year, when there were 49 (K. T. Associates, 1993). Since the evaluation team recommended that the number of Sub-objectives be reduced to a more manageable total in two previous evaluations (K. T. Associates 1992, 1993), this reduction was seen as a step in the right direction. This number was reduced even further for the 1993-94 program year to 29 Sub-objectives (K. T. Associates, 1994), which reflected the continued effort to reach the optimal number of evaluable Sub-objectives for this program. That effort continued during the 1994-95 program year when the number of Sub-objectives was further reduced to 25 (K. T. Associates, 1995), covering seven general objective areas.

Table 1 contains a summary of the differences in objectives and Sub-objectives between the 1991-92 project year (the last year of the previous grant cycle), the 1992-93 project year (the first year of the current cycle),

the 1993-94 project year (the second year of the current cycle), and the 1994-95 project year (the subject of this evaluation report). In addition to these structural changes, there were also minor changes in wording throughout the Sub-objectives to make them more internally consistent (LDE, 1991, 1992).

TABLE 1

Changes in Objectives and Sub-Objectives for the Deaf-Blind Grant Across Four Project Years

Obj. # 1991-92	Number of Sub-Obj. 1991-92	Obj.# 1992-93	Number of Sub-Obj. 1992-93	Obj.# 1993-94	Number of Sub-Obj. 1993-94	Obj. # 1994-95	Number of Sub-Obj. 1994-95
Obj. 1 Obj. 2 Obj. 3 -NA- Obj. 4 Obj. 5 Obj. 6 Obj. 7 Obj. 8 Obj. 9 -NA-	3 4 8 - NA - 9 4 9 3 5 4 - NA -	Obj. 1 Deleted New Obj.2 Obj. 3 Obj. 4 Obj. 5 Obj. 6 Obj. 7 Obj. 8 Obj. 9 Obj. 10	2 -NA- 4 3 5 2 7 3 2 4 1	Obj. 1 -NA- Obj. 2 Obj. 3 Obj. 4 Obj. 5 Obj. 6 See Obj.5 Obj. 7 Obj. 8 Deleted	2 -NA- 4 3 5 2 7 -NA- 2 4 -NA-	Obj. 1 -NA- Obj. 2 Deleted New Obj.3 New Obj.4 New Obj.5 -NA- New Obj.6 New Obj.7 -NA-	3 -NA- 4 -NA- 4 2 6 -NA- 2 4 -NA-
Tot 9	49	10	33	8	29	7	25

Note: NA means not applicable.

Evaluation information will be presented in this section concerning the activities conducted to achieve each of these sub-objectives. Table 4, which appears at the end of this section, assesses the extent to which the expected results for each objective were attained.

Objective 1: Organize project resources in order to effectively complete the work scope of the project.

Objective 1.1: Continue to conduct quarterly Advisory Council meetings and maintain the operation of the council in accordance with by-laws.

Evaluation Data: The BPPD presented the evaluation team with an agenda for each of the five meetings scheduled on the following dates: December 12, 1994; February 17, 1995; March 29, 1995; April 24, 1995; and July 20, 1995. A copy of the agenda for each of these meetings is included in Appendix A, along with copies of letters to the Advisory Council announcing the meetings, a copy of the by-laws for the Advisory Council, and an attendance checklist for the meetings.

According to the attendance checklist, two of the five meetings (40%) failed to attain a quorum, which compared to the previous year represents an increase in the percentage of meetings that failed to attain a quorum. In the 1993-94 program year, only one of the four meetings (25%) failed to attain a quorum.

The average number of appointed members present at the 1994-95 meetings was 6.2, while an average of 6.0 was absent. This represents a slight decrease in the average number of members present at each meeting compared to the meetings held during the 1993-94 program year. Only one of the appointed members did not attend any of the meetings, and three came to only one of the five meetings. The ex-officio members attended at an average of 1.4 per meeting, while an average of 3.6 was absent. Three of the five ex-officio members did not attend any of the meetings. The attendance of the ex-officio members includes Ms. Joyce Russo, the Program Director, who attended all five meetings. Excluding her attendance from the ex-officio members, an average of less than one of these members attended each meeting.

In an interview conducted in August 1995, Ms. Russo indicated that she believed that the Advisory Council had become more active in 1994-95 than it had been in the past. She noted that several of the council members had become "re-vitalized" this year. The Advisory Council had, for example, read the 1993-94 Evaluation Report (K. T. Associates, 1995a), and Ms. Russo said that the evaluation recommendations "were being used this year" by the council members.

Objective 1.2: Provide intensive training sessions for project staff utilizing external consultants and university personnel.

Evaluation Data: The BPPD presented the evaluation team with documentation demonstrating that various members of the project staff attended a number of workshops and off-site courses during the 1994-95 project year.

On April 20-21, 1995, The Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC), in partnership with the Affiliated Blind of Louisiana, sponsored a workshop entitled "Usher Syndrome: Challenges and Strategies" in Lafayette, LA. Presenters at the workshop included Judy LeJeune, program Director, and Sr. Bernadette Wynne, Coordinator of the National Training Team for HKNC. This workshop provided attenders with a

background on Usher's Syndrome and a lengthy presentation on the current research on this topic. Also included in the program was a discussion of the transition from visual to tactual sign language. The remainder of the workshop focused on personal futures planning. Ms. Joyce Russo, Project Coordinator, attended this workshop.

Ms. Joyce Russo also attended a workshop on June 25-29, 1995, entitled "Critical Issues of Including Learners Who Are Deaf-Blind in School and Community Settings", sponsored by the Perkins National Deaf-Blind Training Project and Texas Tech University, and held in San Antonio (Junction), Texas. The participants received two graduate credit hours from Texas Tech University after successful completion of this workshop.

On August 10-12, 1995 and again on October 19-21, 1995, an INSITE workshop sponsored through the SKI*HI Institute, Utah State University, was held in Baton Rouge, Louisiana. The INSITE Model is a comprehensive home intervention model for families of infants and toddlers who are multihandicapped sensory impaired, with a complete curriculum for direct services in the home as well as child identification, program management, and supportive service components.

Ms. Russo, served as the coordinator and contact person for this workshop. The workshop trainers were certified national and local INSITE trainers experienced in home intervention and program implementation. These trainers also provide pre- and post-workshop technical assistance and monitoring to assist agencies in implementing the model in their area. Also, 2 credit hours of graduate credit is available through Utah State University for those participants who fully complete the workshop.

Twenty-one (21) participants attended the first session, and 20 returned for the second. Nineteen (19) of the 21 participants at the first session indicated that the training met their expectations. Ten (10) of the 21 participants at the first session rated the conference as excellent, while the remaining rated it as very good or good. Sixteen (16) of the 20 participants at the second session rated the training in the top 10% of such sessions that they had attended. All 20 participants at the second session indicated that they would recommend the training to colleagues.

On September 10-11, 1995, Ms. Russo attended the Charge Conference sponsored by the TRACES Project, held in Atlanta, Georgia. The focus of this meeting centered on updating state profiles, exploring issues, and developing strategies for working with families. The primary presenter at this conference was Dr. Sandra L. H. Davenport, a medical researcher in the field of sensory genetics and neuro-development from Bloomington, Minnesota.

On September 29, 1995, Ms. Russo, Program Coordinator, participated in a session at the Louisiana Speech-Language-Hearing Association Convention, along with other members of the OSES staff. The session was entitled "Language Intervention: Sensory Impaired Infant/Toddler". The presentation was designed

to provide information and learning activities in the areas of communication, language, and socialization for the sensory impaired infant/toddler.

Ms. Margaret Lang is employed 20% time on the Deaf-Blind Project. She attended the workshop entitled "Critical Issues of Including Learners Who Are Deaf-Blind in School and Community Settings", sponsored by the Perkins National Deaf-Blind Training Project and Texas Tech University, and held in San Antonio (Junction), Texas, as well as two of the three local workshops.

Objective 1.3: Maintain accuracy of deaf-blind census on an ongoing basis.

Evaluation Data: The OSES receives only limited information about children classified as deaf-blind from the annual census data gathered at the Louisiana State Department of Education. In an effort to get in-depth information regarding the types of disabilities and capabilities that these children have in order to provide better services to them, a needs assessment survey was developed to be administered to parents of deaf-blind children in Spring 1995. This survey not only will provide important information in terms of identifying the types of services needed by the census population, but it will have the dual effect of assisting the OSES in determining the accuracy of the census.

This six page instrument was developed in April 1995 and sent to parents in May. As of August, there had been only 11 responses to the survey. This represents only a fraction of the deaf-blind children in the state and cannot be considered a random sample of that population. The best use of these completed surveys will be to get requested information to the 11 parents who answered the questionnaire. The OSES now has a complete profile on each of these cases and can hopefully start a needs assessment database that can be enlarged on an annual or semi-annual basis. More information on the results from this needs assessment is found under Objective 3 below (K. T. Associates, 1995c).

On January 2, 1995, Assistant Superintendent Leon L. Borne, Jr. sent out a memo to all Supervisors/Directors of Special Education with students having dual sensory impairments (and other audiences) concerning services available to those students and their parents. In this memo, he asked that those individuals review and correct the list of deaf-blind students and determine if there were additional students in their district with deaf-blindness. This memo (and accompanying implementation process) is another method for maintaining the accuracy of the deaf-blind census on an annual basis.

Objective 2: Improve the school systems and other agencies' ability to identify eligible children for the deaf-blind census.

Objective 2.1: Utilize a training program for the identification of children with deaf-blindness in accordance with State Department of Education guidelines.

Evaluation Data: Ms. Joyce Russo coordinated the Project INSITE workshop described under Sub-objective 1.2.

Ms. Russo makes frequent visits and phone conversations during the year related to Objective 2 and Sub-objectives 2.1 - 2.4. She kept a contact log of all subactivities for the 1994-95 year, and this log had over 40 entries, many of which indicated multiple meetings or encounters. For instance, Ms. Russo's log of January 6, 1995 indicated an informational meeting in Calcasieu Parish regarding the deaf-blind census. A copy of this log in contained in Appendix C.

Objective 2.2: Provide training to pupil appraisal personnel representing all school districts in Louisiana in the identification of children with deaf-blindness.

Evaluation Data: On August 9-11, 1995, Ms. Joyce Russo, Program Coordinator, representing the OSES, presented a Pupil Appraisal Staff Development Workshop in Baton Rouge. This workshop was open to all state and local personnel involved in pupil appraisal and was designed to update these staff members with regard to issues surrounding special education. Although there was a session presented by Ms. Russo on visually impaired/blind issues, there does not appear to be a session devoted specifically to deaf-blind identification.

Also, an article on the Deaf-Blind Project was contained in the OSES newsletter, Louisiana Partnerships, which is distributed to personnel serving students with severe disabilities throughout Louisiana.

Objective 2.3: Provide training to early intervention program staff throughout the state on the screening and referral process for suspected infants and toddlers with deaf-blindness.

Evaluation Data: Ms. Joyce Russo participated in the Louisiana Speech-Language-Hearing Association Convention and presented information concerning intervention strategies and referral processes.

Also, the OSES newsletter (see Sub-objective 2.2) contained information on this process.

Objective 2.4: Provide training to instructional personnel assigned to classrooms for children with "multidisabilities" on the screening and referral process for children "at-risk" for deaf-blindness.

Evaluation Data: Ms. Joyce Russo coordinated the Project INSITE Workshop described under Sub-objective 1.2.

Objective 3: Increase the ability of families to access services which meet the needs of the family unit as well as those of the child with deaf-blindness, ages birth through 21.

Objective 3.1: Disseminate an informational packet for use with families of newly identified children with deaf-blindness including information of the DIAL system operated by the Louisiana Developmental Disabilities Council.

Evaluation Data: The 1991-92 evaluation (K. T. Associates, 1993) had suggested that the informational packet be updated with more information related specifically to the deaf-blind child. In response to this, Ms. Joyce Russo indicated in interviews and in the 1993-94 grant application (LDE, 1993) that a major accomplishment of the first part of the 1992-93 project year had been the update of the Parent Information packet.

The current packet contains over 20 informational items, including several concerning the deaf-blind child, *per se*. These publications and items of interest include:

1) One Step at a Time: A Manual for Families of Children with Hearing and Vision Impairments;

2) a set of booklets from the Adapt-a-Strategy Booklet Series for Parents and Teachers of Infants /Young Children with Multiple Handicaps (including Receptive Communication, Interaction and Play, Positioning and Handling, and Expressive Communication);

3) a brochure by Kay Alicyn Ferrell entitled Parenting Preschoolers: Suggestions for Raising Young Blind and Visually Impaired Children.

4) a brochure from the Helen Keller National Center for Deaf-Blind Youths and Adults regarding regional representatives of that organization;

5) a paper by Harvey H. Mar entitled Deaf-Blindness: Some Causes and Challenges;

6) a paper by Theresa B. Smith entitled Guidelines for Working/Playing with Deaf-Blind People;

7) a newsletter from the National Parent Network for and by Parents and Families with Individuals with Deaf-Blindness;

8) a copy of the first newsletter of a group called the Organizational Committee of the Louisiana Association for Deaf/Blind/Multihandicapped (which had been formed after the September 1991 Conference for Families of Children and Youth with Deaf-Blindness) which contained information on the DIAL system operated by the Louisiana Developmental Disabilities Council;

9) a Directory of Services for Persons with Dual Sensory Impairments compiled by the Louisiana Services for Children and Youth with Deaf-Blindness Project; and

10) a Needs Assessment Survey; and

other information packets.

According to the Contact Log for Deaf-Blind Services, Ms. Russo had disseminated 15 informational packets to parents of newly identified children with deaf-blindness and various agencies and local school districts. A copy of the log is included in Appendix C.

Objective 3.2: Disseminate packet to state, regional, and local-level personnel participating in identification, referral, and service delivery activities.

Evaluation Data: According to the Contact Log for Deaf-Blind Services, Ms. Russo had disseminated informational packets to the regional service centers and each school district in the state. A copy of the log is included in Appendix C.

Objective 3.3: Continue to implement a training seminar for parents and family members related to quality indicators (e.g., integration opportunities) of educational programming for children with deaf-blindness.

Evaluation Data: On July 21-22, 1995 the OSES held its Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness, in Alexandria, Louisiana. The following information was obtained from an overall conference evaluation form completed by participants as the conference was ending (K. T. Associates, 1995b).

Altogether 70 individuals registered for the conference, 45 attended it and 20 individuals completed the evaluation form. Of those 20 who completed the form, 2 were parents, 10 were teachers, and 8 were service providers.

The evaluation form asked the participants to rate the conference in terms of:

(1) Overall organization

(2) Location, facilities, and accommodations

(3) The sufficiency of information conveyed in the conference sessions in the following areas:

- (a) Medicaid
- (b) Case management
- (c) Behaviors and communication
- (d) Barriers to communication
- (e) Including learners with deaf-blindness
- (f) Assistive technology

(g) How to talk to doctors

(h) Adult transition

(4) The effectiveness of the conference speakers in each of the eight areas.

(5) Overall rating of the conference.

(6) Additional comments (open-ended answers).

Responses to the closed-ended items will be discussed first under the heading, Results from the Qualitative Data Analyses. Following this, responses to the open-ended items will be discussed under the heading, Results from the Qualitative Data Analyses.

Results from the Quantitative Data Analyses

The results from the quantitative data analyses are summarized in Tables 2 and 3. Overall, participants gave positive evaluations to the conference, as indicated in Table 2. The mean score was above 4.0 [on scales which have five points ranging from the most negative evaluation (1) to the most positive evaluation (5)] for seventeen of the nineteen items. The two items with mean scores below 4.0 were: information on how to talk to doctors (3.8) and effectiveness of the speaker on how to talk to doctors (3.8). Clearly, this topic received the lowest ratings of all the sessions given at the conference.

Table 2
Overall Mean Scores and Standard Deviations for Items on the Parent-Teacher Conference Evaluation Form

Question	Mean Score	Standard Deviation
The organization of the conference	4.6	.60
The location, facilities, accommodations	4.3	.72
Information on Medicaid	4.3	.73
Information on case management	4.4	.50
Information on behaviors, communication	4.3	.73
Information on barriers to communication	4.2	.75
Information on including learners	4.0	.91
Information on assistive technology	4.0	.80

Information on how to talk to doctors	3.8	.86
Information on adult transition	4.5	.52
Speaker effectiveness - Medicaid	4.1	.91
Speaker effectiveness - case management	4.3	.47
Speaker effectiveness - behaviors and communication	4.5	.60
Speaker effectiveness - barriers to communication	4.3	.72
Speaker effectiveness - including learners	4.1	.91
Speaker effectiveness - assistive technology	4.1	.94
Speaker effectiveness - how to talk to doctors	3.8	.83
Speaker effectiveness - adult transition	4.5	.51
Overall evaluation	4.2	.73

Note: All scales have five points ranging from the most negative evaluation (1) to the most positive evaluation (5).

Table 3 contains a comparison of how the teachers and the service providers rated the items on the evaluation form. There were 10 teacher and 8 service provider responses, but only two parents completed the questionnaire. These two parents might not have been representative of all the parents who attended the conference, so their responses were not included in these comparisons.

Table 3
Comparison of Scores Given by Teachers and Service Providers for Items on the Parent-Teacher Conference Evaluation Form

Question	Teacher Mean Score	Service Provider Mean Score
The organization of the conference	4.5	4.6
The location, facilities, accommodations	4.2	4.1
Information on Medicaid	4.0	4.8
Information on case management	4.4	4.4

Information on behaviors, communication	4.2	4.6
Information on barriers to communication	4.0	4.5
Information on including learners	3.9	4.2
Information on assistive technology	4.0	4.3
Information on how to talk to doctors	3.8	3.8
Information on adult transition	4.5	4.6
Speaker effectiveness - Medicaid	3.8	4.4
Speaker effectiveness - case management	4.2	4.4
Speaker effectiveness - behaviors and communication	4.5	4.5
Speaker effectiveness - barriers to communication	4.1	4.4
Speaker effectiveness - including learners	4.0	4.1
Speaker effectiveness - assistive technology	3.9	4.6
Speaker effectiveness - how to talk to doctors	3.9	3.8
Speaker effectiveness - adult transition	4.4	4.6
Overall evaluation	4.2	4.2

Note: All scales have five points ranging from the most negative evaluation (1) to the most positive evaluation (5).

The data from Table 3 indicate that the service providers gave more positive responses to thirteen of the nineteen items than teachers. Only one of these differences was statistically significant: the sufficiency of information on Medicaid ($t(16) = 2.31$, $p < .05$). The two groups differed by one-half point or more on three additional items: the sufficiency of information on barriers to communication, the effectiveness of the speaker on Medicaid, and the effectiveness of the speaker on assistive technology.

Overall, the consumer satisfaction scores in Table 2 and 3 indicate that the participants found the training at the 1995 Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness to be excellent.

Results from the Qualitative Data Analyses

Qualitative responses came from three items on the questionnaire: a comments block, a question asking what topics the respondents wanted additional information and a question asking for suggestions for increasing participation at the conference. Additionally three participants wrote extended notes to program staff with miscellaneous comments. All of these open-ended responses provided potentially important information pertaining to the conference.

Altogether 16 of the 20 respondents made some response on the comment block. Many made multiple comments: there were a total of 36 identifiable units of information (UOIs) from these 20 respondents. These UOIs may be placed in three general categories: positive remarks about the conference, suggestions for improving the conference, and idiosyncratic remarks. Around 42% of the comments (15/36) about the conference were positive. Generally these comments indicated that the conference was informative or beneficial to the respondent in some way. Some of the respondents noted that the conference made them aware of resources.

Around 33% of the comments (12/36) contained suggestions for improving the conference. Most of these comments concerned making the conference sessions more "hands-on" involving more demonstrations, more interactive examples, more brainstorming. Some of the respondents stated that they wanted more discussions and activities centering around the daily experiences of an actual deaf-blind child.

Around 25% of the comments (9/36) were idiosyncratic in nature: they were hard to categorize. Two individuals stated that lectures were overused and that the speakers were not effective or read to them. These two responses are incongruent with the overall evaluation of the sessions, which was quite positive.

Three of the respondents wanted more information on specific topics: two on deaf-blindness in the middle and high school levels and one on Medicaid. Two wanted to see more parents at the deaf-blind conference. Another stated that Friday was a bad day to have a conference such as this.

Five respondents asked for information on seven different topics: Usher's Syndrome, dates of other deaf-blind conferences that will be held during 1995-96, names and addresses of other deaf-blind projects, Medicaid, behavior planning, phone numbers of catalogs with materials for the deaf-blind, and information on behavior and communication.

Altogether 13 of the 20 respondents made some response to the question asking for suggestions for increasing participation at the conference. Many made multiple comments: there were a total of 22 identifiable UOIs from these 13 respondents. These UOIs may be placed in three general categories: changing the schedule in various ways, notifying people about the conference differently and having more "hands-on" activities.

Around 45% of the suggestions (10/22) concerned schedule changes. These schedule change responses varied. Three wanted regional conferences, perhaps lasting only one day. Two wanted the conference to be held during the school year. Two wanted the conference to be held in Lafayette or Baton Rouge. Two indicated that Saturdays were good days to have the conference, regardless of the time of year. One stated that the Friday session at this conference was too packed with sessions and that everyone was exhausted during the dinner address.

Around 27% of the suggestions (6/22) concerned having more "hands-on" activities, such as more role playing and more workshop type activities. These respondents are consistent with comments made to other open-ended items.

Another 27% of the suggestions (6/22) concerned having a better notification system for announcing the conference. Specific suggestions in this area included contacting key persons in each region to help increase attendance, asking people to spread the word through informal communication networks, and getting information out about specific topics to be covered in advance.

A noted above, three participants handed in lengthy written comments regarding the conference. Most of their comments echoed those that have already been discussed in this section, but there were a few different sentiments expressed. Two of the three respondents made similar comments with regard to several issues. These individuals wanted more "hands-on" experiences at the conference with students, or simulations of those experiences. They also wanted the option to check in the day before the conference to get accustomed to the place and to network with other participants. These individuals also suggested that all participants be placed on the same floor of the hotel to foster interaction.

On September 22-23, 1995, the Parent Conference on Special Education was held in Alexandria, Louisiana. This conference focused on the parents and many of the sessions were presented by parents. The sessions were general and were designed for parents of all special education children, not deaf-blind parents in particular. However, the conference was informative in regard to the opportunities available for special education children.

Objective 3.4: Cooperate with current parent training and support activities to ensure that information related to children with deaf-blindness is included within the scope of these programs.

Evaluation Data:

Also see information under Sub-objective 3.3.

Results from a Needs Assessment

As part of the ongoing evaluation of Objective 3, K. T. Associates was asked to help the OSES design an instrument for a needs assessment survey to be administered to parents of deaf-blind children in the Spring 1995 (K. T. Associates, 1995c). The OSES receives only limited information about children classified as deaf-blind from the annual census data gathered at the Louisiana State Department of Education. This survey was an effort to get in-depth information regarding the types of disabilities and capabilities that these children have in order to provide better services to them.

This six page instrument was developed in April 1995 and sent to parents in May. As of August, there were only 11 responses to the survey. This represents only a fraction of the deaf-blind children in the state and cannot be considered a random sample of that population. The most immediate use of these completed surveys was to get requested information to the 11 parents who answered the questionnaire. The OSES now has a complete profile on each of these cases and can hopefully start a needs assessment database that can be enlarged on an annual or semi-annual basis.

The remainder of this section will contain information from these 11 responses, but the reader should be cautioned in terms of drawing generalizations to the entire population of deaf-blind children in the state from such a limited sample. Throughout this section, there will be references to percentages of deaf-blind children, but the reader must remember that these are percentages of 11 children. Therefore, 64% of the sample refers to only seven children.

Characteristics of the Respondents

Of the 11 respondents, nine were mothers, one was a grandmother and one was a father. There were no responses from teachers; future needs assessment surveys should use this population also. The respondents came from all sections of the state. It was primarily a non-urban sample: only four of the eleven responses came from standard metropolitan sized areas (Alexandria, Baton Rouge, Lafayette and Shreveport).

One item asked what type classes the child attended: six were in self-contained and four in regular (inclusion) classrooms. One parent did not respond to this question, but her child was severely mentally handicapped and would probably be in a self-contained class. The bimodal nature of the response to this question was found throughout the responses.

The following information is organized around the questions that were contained in the survey.

1. What type of deaf-blindness does the child have (Usher's Syndrome, deaf-blind since birth, etc.)?

There was a wide range of responses to this item. Four of the eleven respondents (36%) indicated that their children had Usher's Syndrome. Three others indicated "blind since birth". Other diseases mentioned were:

infantile refsums with retinitis pigmentosa, cortical blindness, microcephaly and CMV virus.

2. How would you characterize the child's/student's disabilities in the following areas? Please check either no impairment, mild, moderate or severe for each of the following impairments.

Hearing Impairment: No Impairment__1__ Mild__1__ Moderate__3__ Severe__6__
Vision Impairment: No Impairment__1__ Mild__1__ Moderate__4__ Severe__5__
Mental Impairment: No Impairment__5__ Mild__0__ Moderate__2__ Severe__4__
Mobility Problems: No Impairment__1__ Mild__5__ Moderate__2__ Severe__3__

Around 55% of the parents characterized their child's hearing impairment as severe, while 46% considered their child's vision impairment to be severe. The bimodal distribution was again apparent on the mental impairment question: 46% of the parents considered their children to have no mental impairment, while 32% classified their children as having severe mental impairment. The most common response to the question concerning mobility problems was "mild impairment" with 46% of the responses.

3. Please describe the child's hearing impairment.

There was wide variance here from "hears very well" to "profoundly deaf since birth".

4. Please describe the child's vision impairment.

Again there was variance from "loss of side vision" and "can see good with her glasses" to "cannot see at all" and "totally blind".

5. Please describe the child's mental impairment.

This was probably the major dimension of contrast that characterized this sample. If the child had no mental impairment (or it was mild), many of the parents' responses were different from those parents who had children with moderate or severe mental impairment. The "no impairment" or "mild impairment" children were more likely to be in regular classes, while the moderately or severely impaired children were more likely to be in self-contained classes.

Again, there was a wide range of individual response from "she is a very smart child, she finished the fourth grade with honor roll average" to "she is severe, mentally disabled".

6. Please describe the child's mobility problems.

There was a range from "no mobility problems" to "is in a wheelchair for mobility".

7. What is the child's basic way of communicating with others (speech, signing, touch, gestures, etc,)?

This ranged from speech (2 responses), signing (3 responses), signing and touch (1 response), gestures and touch (2 responses), gestures (1 response), "makes noises" (1 response), touch (1 response).

8. How would you characterize the child's awareness of the environment in which he/she lives?

no limits in awareness	1
mild limits in awareness	5
moderate limits in awareness	4
severe limits in awareness	1

Fifty-five percent of the parents described their children's awareness as having "no limits" or "mild limits", while 45% described "moderate" or "severe" limits.

Describe in your own words the child's awareness of the environment in which he/she lives.

There was a wide range of response to this question.

What is the most difficult barrier that the child faces <u>at this time</u>?

There was a wide range of response to this question from "unfair testing" and "changing schools" to "not being able to do things for herself".

9. What do you think will be the most difficult barrier that the child will face <u>as he/she gets older</u>?

Four parents mentioned "going blind" here, which is probably associated with Usher's Syndrome. Three others mentioned transition problems.

10. What are some of the strengths that the child has that helps him/her cope with the barriers that you have just described?

There was a wide range of response to this question.

11. Please tell us on the following scales how satisfied you have been with the services provided by the Louisiana State Department of Education.

The most interesting aspect of the responses to this question was that most of the respondents had never used the services. Forty-five percent of the respondents (5/11) had never used any of the services. One respondent wrote "Nobody won't tell me nothing and I been ask around since she being one year old."

The item with the most responses was "Conferences put on by the Department of Education such as the Annual Conference on Deaf-Blindness", which had been attended by 45% (5/11) of the respondents. When the

respondents had received the services listed here, most were satisfied with them.

a. Conferences put on by the Department of Education such as the Annual Conference on Deaf-Blindness (the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness)

Never attended one 6

(if you check this, go on to the next item)

Very Satisfied 2

Somewhat Satisfied 1

Neutral 2

Somewhat Dissatisfied 0

Very Dissatisfied 0

b. Services provided by the Deaf-Blind Technical Assistance Center (TAC)

Never used these services 7

(if you check this, go on to the next item)

Very Satisfied 2

Somewhat Satisfied 1

Neutral 1

Somewhat Dissatisfied 0

Very Dissatisfied 0

c. Information or services from the Parent's Advisory Council

Never used information/services from this group . . . 8

(if you check this, go on to the next item)

Very Satisfied 2

Somewhat Satisfied 1

Neutral 0

Somewhat Dissatisfied 0

Very Dissatisfied 0

d. Information or services from the Deaf-Blind Advisory Group

Never used information/services from this group . . . 7

(if you check this, go on to the next item)

Very Satisfied 2

Somewhat Satisfied 1

Neutral 1

Somewhat Dissatisfied 0

Very Dissatisfied 0

12. Have you ever attended the Annual Conference on Deaf-Blindness (the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness)?

Yes 4 **No** 7

Thirty-six percent of this limited sample (4/11) had attended the Annual Conference on Deaf-Blindness.

What kinds of information would you like to receive <u>if</u> you attended the Annual Conference on Deaf-Blindness (the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness) <u>this year</u>?

Parent concerns 8
Severe disabilities 5
Deaf-Blindness 9
Other topics 4

13. What would be the best time of the year to have the Annual Conference On Deaf-Blindness (the Conference for Parents, Teachers and Service Providers)?
Spring 0 **Summer** 3 **Fall** 0 Winter 1 **Doesn't Matter** 5
I could only attend the Annual Conference on Deaf-Blindness (the Conference for Parents, Teachers and Service Providers) <u>if:</u> (Check all that apply)
The meeting was held in my city/region 6
Child care was provided 1
Travel was reimbursed 4

The results from this survey (and potential future followups) should help the Program Manager in evaluating progress with regard to the attainment of Objective 3.

Objective 4: Integrate infants/toddlers with deaf-blindness (birth through 2) into community programs and/or assist appropriate agencies in the design and implementation of transition services for this population.

<u>Objective 4.1</u>: Assist local service provider(s) and family members in assessing child and family training and support needs.

<u>Evaluation Data</u>: Ms. Joyce Russo coordinated the Project INSITE workshop described under Objective 1.2.

<u>Objective 4.2</u>: Notify infant service providers of the availability of technical assistance in transition planning for infants and toddlers with deaf-blindness.

<u>Evaluation Data</u>: Notification of the availability of technical assistance was included in <u>Louisiana Partnerships: A Newsletter for Personnel Serving Students with Severe Disabilities.</u> This newsletter is published by the OSES for personnel serving students with severe disabilities, including teachers, paraprofessionals, related services personnel, administrators, and parents. The purpose of the newsletter is to provide a mechanism for disseminating

information on best practices in educational programs for students with severe disabilities, as well as the resources available.

The November 1994 issue of the newsletter included an article on the Deaf-Blind Project that detailed the criteria for students to be identified on the deaf-blind census, as well as who to call to receive assistance and/or services. A total of 2,000 copies of this particular issue were disseminated throughout the state.

Objective 5: Improve the capacity of intervention and educational programs to appropriately serve children with deaf-blindness, ages birth through 21 by: a) providing services in least restrictive settings; b) ensuring that the curriculum results in functional outcomes; and c) utilizing published "best practices" standards to evaluate and revise intervention/educational programs.

Information regarding the accomplishment of this objective was obtained in interviews with project staff members (Dr. Jane Evertson, LSUMCHDC and Ms. Joyce Russo of the BPPD). Much of the information contained in this section comes from an extended interview conducted in December 1995 with Dr. Evertson.

Technical assistance has been an ongoing concern of this project, as indicated in prior evaluation reports (e.g., K. T. Associates, 1992, 1993, 1994, 1995a). The previous subgrantee, the University of New Orleans Technical Assistance Center (UNOTAC), consistently had difficulty in meeting its contractual obligations. Through misunderstandings and a lack of communication, the objectives for the UNOTAC were never clear. The result was duplication of activities between the UNOTAC and the OSES in some areas and a lack of activity in other areas. Previous evaluation reports recommended the termination of the contract with the UNOTAC.

Officials in the OSES determined that a new subgrantee (LSUMCHDC) was to be utilized for technical assistance beginning with the 1994-95 program year. The objectives established for LSUMCHDC are detailed above, and it was assumed that this new arrangement would provide improved service for those seeking technical assistance.

As part of the subgrant application by LSUMCHDC, a provision called for the employment of a full-time Deaf-Blind Specialist to coordinate the technical assistance activities. LSUMCHDC was awarded the grant in October, 1994, and immediately began recruiting nationally to fill this position. Dr. Evertson indicated that they had many "nibbles", but no one wanted to relocate for the salary offered. This recruitment continued through August, 1995, without any success.

Basically, the LSUMCHDC has not been able to fulfill all the objectives stipulated in its application due to the lack of the Deaf-Blind Specialist. However, since Dr. Evertson's specialty is in the area of dual sensory

impairment, she has been able to carry out some activities for the OSES, given her limited time and her job description. Ms. Joyce Russo has also performed some of these technical assistance activities. It can be concluded that a "good faith" effort was made in 1994-95 to achieve part of Objective 5 despite the continuing lack of staff.

Dr. Evertson met with Ms. Russo several times over the course of the year to develop ideas for reorganizing the relationship between the two agencies in an effort to provide some limited technical assistance. There had already been a collaborative effort between the OSES and LSUMCHDC, so they were able to sit down and work out a partial solution to the problem.

The primary result of this collaboration was the establishment of focus groups to generate responses that would provide information as to the needs of the population. The focus groups were held on September 16, 1995, at the Louisiana School for the Deaf in Baton Rouge, Louisiana. Eight groups were held in the following categories: 1) current high school students; 2) former students; 3) academic high school service providers; 4) functional high school service providers; 5) Usher families; 6) multi-handicapped families; 7) LRS counselors; and 8) other adult service providers. Each of the groups had a recorder and a facilitator that led the discussion.

As a result of these focus groups, Dr. Evertson has produced 10 training modules on deaf-blindness that can be used as technical assistance by service providers. These modules are scheduled for distribution in January 1996.

In response to a question about the degree of communication between the LSUMCHDC and the OSES, Dr. Evertson indicated that there was a very good communication link between Ms. Russo and herself. Since they had collaborated in the past, they worked well together and there was no misunderstanding as to their roles in the project. Again, she indicated that her background was in the area of deaf-blind, she possessed a good understanding of what was needed in the area of technical assistance.

Dr. Evertson also shared some ideas that she had concerning the reorganization of the relationship between LSUMCHDC and the OSES. She recommended that the budget be revised to hire a person for 8-10 hours per week. Preferably, this person would be a teacher with a great deal of special education experience who was not presently teaching (or was teaching part-time only). The job of this part-time person would be to coordinate requests for technical assistance and match these requests with particular consultants.

The remainder of the funds originally allotted for a full-time specialist could then be utilized in hiring a pool of consultants. This pool would consist of experts from across the country who have more than one field of expertise in the area of deaf-blind.

Dr. Evertson insisted that while this solution was not as desirable as having a full-time specialist, she felt that it could be successful. If a part-time person could be found immediately and the consultants (many of whom

she has already contacted) could be hired, it is possible to see this reorganization take place by January or February 1996.

A) Providing services in the least restrictive settings;

Objective 5.1: Provide assistance via Technical Assistance Center to local provider or school system personnel in the utilization of best practices for implementing educational programs for individuals with deaf-blindness.

Evaluation Data: The OSES staff utilized a contact log in the 1994-95 project year designed to provide a uniform intake procedure and assessment process for all contacts made through the office. As noted above, this contact log form, and sample completed logs, are located in Appendix C. Information from these logs have been used in this evaluation to partially assess how successfully activities under Objective 5 have been attained.

Additionally, an internal memo from Ms. Russo indicated that she projected that she performed 102 hours of technical assistance, servicing 304 participants in 1994-95. See Appendix D for details of this service.

Objective 5.2: Assist service providers for infants/toddlers with deaf-blindness in utilizing integrated options for service delivery (e.g., integrated day/family care).

Evaluation Data: Same evidence as for Sub-objective 5.1. Additional information for this specific Sub-objective was not available.

B) Ensuring that the curriculum results in functional outcomes;

Objective 5.3: Provide support via Technical Assistance Center to local providers and school system personnel in the design and implementation of an activity-focused curriculum for infants/toddlers with deaf-blindness and school-age children with deaf-blindness and moderate to profound mental retardation

Evaluation Data: Same evidence as Sub-objective 5.1. Additional information for this specific Sub-objective was not available.

Objective 5.4: Provide support via Technical Assistance Center to local providers and school system personnel in the use of an integrated related service model for children with deaf-blindness.

Evaluation Data: Same evidence as for Sub-objective 5.1. Additional information for this specific Sub-objective was not available.

C) Utilizing published "best practice" standards to evaluate and revise intervention/educational programs;

Objective 5.5: Gather training materials related to best practice standards for children with deaf-blindness in cooperation with Technical Assistance Center personnel and other preservice and inservice training programs.

Evaluation Data: The LSUMCHDC had as an objective the establishment of a library of materials related to individuals with severe/profound disabilities, including materials specific to individuals with deaf-blindness. No evidence is present that this Sub-objective was attained.

Objective 5.6: Incorporate best practices within technical assistance and direct service activities.

Evaluation Data: Same evidence as for Sub-objective 5.1. Since this Sub-objective is generic in nature, this evidence indicates that it was partially accomplished.

Objective 6: Assist appropriate agencies in the design and implementation of transition services for young adults with deaf-blindness.

Objective 6.1: Encourage, via written communication, all school programs to utilize the approved transition planning process for all young adults with deaf-blindness.

Evaluation Data: According to the evaluation report for 1992-93 (K. T. Associates, 1994), the BPPD (together with the HKNC-TAC) established a state level team to better facilitate the transition of young adults with deaf-blindness. According to the evaluation report for 1993-94 (K. T. Associates, 1995a), a partnership program was established between state-level and local-level "core" teams designed to promote the transition of young adults with deaf-blindness from high school to adult life. A series of workshops were established to provide these local-level "core" team members with information on transition services.

Objective 6.2: Assist school system personnel, parents, and adult service providers in developing and implementing individual transition programs.

Evaluation Data: Dr. Judith Goodstone, Supervisor for Secondary/Transition in the LDE OSES, presented a seminar on transition at the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness in July 1995. She distributed materials at this meeting on: the importance of keeping records, a transition planning guide, target areas for transition planning, an individual transition plan, and a transition checklist. Dr. Goodstone's seminar received very positive evaluation ratings from participants.

Objective 7: Examine the impact of systemic policies and practices on children with deaf-blindness and their families.

Objective 7.1: Assist State Department of Education personnel in reviewing existing programs, policies, and bulletins (e.g., eligibility criteria) to determine their impact on service provision to children with deaf-blindness.

Evaluation Data: Ms. Joyce Russo indicated that she is a member of a state policy committee that is charged with systemic change among state agencies. Although this panel is in place, no evidence was presented that any action was taken in this regard during the project year.

Objective 7.2: Utilize resulting data to identify areas in need of revision in order to improve service provisions to children with deaf-blindness.

Evaluation Data: There were no written summaries of needed revision areas developed during the 1994-95 project year.

Objective 7.3: Provide assistance in policy development via existing structures to include, but not limited to: P.L. 102-119 State Interagency Council and subcommittees, OSES task forces, and Comprehensive System of Personnel Development.

Evaluation Data: Same evidence as designated in Sub-objective 7.1. Also, the LDE OSES has had input (through Dr. Merry Jane Bourgeois, on the Achievement and Citizenship Committee) on the Goals 2000 Commission. The Louisiana Goals 2000 Action Plan has a general commitment to special education students under Goal 3, Objective (i), Strategy 8: Educate the providers of education at the local level about the options available, including model programs, that have been proven to be effective, to ensure that all students have the opportunity to reach their maximum potential.

Objective 7.4: Document changes in policies and procedures designed to improve services to children with deaf-blindness on the state and local levels.

Evaluation Data: Project year 1994-95, as was the case in the previous two years of the grant (K. T. Associates, 1995a), did not see many changes in policies and procedures. These three relatively inactive years followed a more active project year, 1990-91 in terms of changes in policies and procedures (See K. T. Associates, 1992 for details). Such changes appear to be cyclical in nature, and BPPD staff has only a limited influence on the impetus for such change. According to BPPD staff, project year 1995-96 may see several changes in policies and procedures due to the Systems Change Grant.

Summary

Table 4 contains a summary of the accomplishments of the 25 Sub-objectives for the project. In the table, there are four categories of accomplishment: A = accomplished, PA = partially accomplished, NA = not accomplished, and APY = accomplished in previous years. The summary will be discussed more thoroughly in Section V under external evaluation objectives.

It is important to remember in summarizing the results of the 1994-95 project year that there are four fewer Sub-objectives than in the 1993-94 project year. The evaluation team determined that 13 of the 25 Sub-objectives (52%) were completely accomplished in 1994-95. There remain five Sub-objectives that were partially accomplished and five that were not accomplished in 1994-95. Also, two Sub-objectives were rated as having been accomplished in a previous year. While the results overall are positive, of the five Sub-objectives listed as not accomplished, three are Sub-objectives that have been cited as not accomplished over the last three evaluation periods (K. T. Associates, 1993, 1994, 1995a).

TABLE 4

Summary Table of Accomplishment of Objectives, 1994-95 Project Year

Objective	Status[1]			
	A	PA	NA	APY
Objective 1: Organize project resources in order to effectively complete the work scope of the project.	2	1	0	0
Objective 1.1: Continue to conduct quarterly Advisory Council meetings and maintain the operation of the council in accordance with the by-laws.		√		
Objective 1.2: Provide intensive training sessions for project staff utilizing external consultants and university personnel.	√			
Objective 1.3: Maintain accuracy of deaf-blind census on an ongoing basis.	√			
Objective 2: Improve the school systems and other agencies' ability to identify eligible children for the deaf-blind census.	4	0	0	0
Objective 2.1: Utilize a training program for the identification of children with deaf-blindness in accordance with State Department of Education guidelines.	√			
Objective 2.2: Provide training to pupil appraisal personnel representing all school districts in Louisiana in the identification of children with deaf-blindness.	√			
Objective 2.3: Provide training to early intervention program staff throughout the state on the screening and referral process for suspected infants and toddlers with deaf-blindness.	√			
Objective 2.4: Provide training to instructional personnel assigned to classrooms for children with "multidisabilities" on the screening and referral process for children "at-risk" for deaf-blindness.	√			
Objective 3: Increase the ability of families to access services which meet the needs of the family unit as well as those of the child with deaf-blindness, aged birth through 21.	4	0	0	0

Objective	Status[1]			
	A	PA	NA	APY
Objective 3.1: Disseminate an informational packet for use with families of newly identified children with deaf-blindness including information of the DIAL system operated by the Louisiana Developmental Disabilities Council.	√			
Objective 3.2: Disseminate packet to state, regional, and local-level personnel participating in identification, referral, and service delivery activities.	√			
Objective 3.3: Continue to implement a training seminar for parents and family members related to quality indicators (e.g., integration opportunities) of educational programming for children with deaf-blindness.	√			
Objective 3.4: Cooperate with current parent training and support activities to ensure that information related to children with deaf-blindness is included within the scope of these programs.	√			
Objective 4: Integrate infants/toddlers with deaf-blindness (birth through 2) into community programs and/or assist appropriate agencies in the design and implementation of transition services for this population.	2	0	0	0
Objective 4.1: Assist local service provider(s) and family members in assessing child and family training and support needs.	√			
Objective 4.2: Notify infant service provider(s) of the availability of technical assistance in transition planning for infants and toddlers with deaf-blindness.	√			
Objective 5: Improve the capacity of intervention and educational programs to appropriately serve children with deaf-blindness, ages birth through 21 by: a) providing services in the least restrictive settings; b) ensuring that the curriculum results in functional outcomes; and c) utilizing published "best practice" standards to evaluate and revise intervention/education programs.	0	2	4	0

BEST COPY AVAILABLE

Objective	Status[1]			
	A	PA	NA	APY
Objective 5.1: Provide assistance via Technical Assistance Center to local provider or school system personnel in the utilization of best practices for implementing educational programs for individuals with deaf-blindness.		√		
Objective 5.2: Assist service providers for infants/toddlers with deaf-blindness in utilizing integrated options for service delivery (e.g., integrated day/family care).			√	
Objective 5.3: Provide support via Technical Assistance Center to local providers and school system personnel in the design and implementation of an activity-focused curriculum for infants/toddlers with deaf-blindness and school-age children with deaf-blindness and moderate to profound mental retardation.			√	
Objective 5.4: Provide support via Technical Assistance Center to local providers and school system personnel in the use of an integrated related service model for children with deaf-blindness.			√	
Objective 5.5: Gather training materials related to best practice standards for children with deaf-blindness in cooperation with Technical Assistance Center personnel and other preservice and inservice training programs.			√	
Objective 5.6: Incorporate best practices within technical assistance and direct service activities.		√		
Objective 6: Assist appropriate agencies in the design and implementation of transition services for young adults with deaf-blindness.			0	1
Objective 6.1: Encourage, via written communication, all school programs to utilize the approved transition planning process for all young adults with deaf-blindness.				√
Objective 6.2: Assist school system personnel, parents, and adult service providers in developing and implementing individual transition programs.	√			

Objective	Status[1]			
	A	PA	NA	APY
Objective 7: Examine the impact of systematic policies and practices on individuals with deaf-blindness and their families.	0	2	1	1
Objective 7.1: Assist State Department of Education personnel in reviewing existing programs, policies, and bulletins (e.g., eligibility criteria) to determine their impact on service provision to individuals with deaf-blindness.		√		
Objective 7.2: Utilize resulting data to identify areas in need of revision in order to improve service provision to children with deaf-blindness.			√	
Objective 7.3: Provide assistance in policy development via existing structures to include, but not limited to: P.L. 102-119 State Interagency Council and subcommittees, Office of Special Education Services task forces (e.g., Ad Hoc committee on Bulletin 1508), and Comprehensive System of Personnel Development.		√		
Objective 7.4: Document changes in policies and procedures designed to improve services to children with deaf-blindness on the state and local levels.				√
TOTALS	13	5	5	2

A = Accomplished; PA = Partially Accomplished; NA = Not Accomplished; APY = Accomplished in Previous Years

V. FINDINGS/PROBLEMS SOLVED/RECOMMENDATIONS

There were 10 questions specified in the 1991-92 grant application for the external evaluation (LDE, 1991), and each of these questions will be addressed in the following section. The grant application (LDE, 1991) specified that the external evaluator would support "his/her conclusions from a data base." For the 1994-95 project year, this data is primarily qualitative in nature, developed from interviews and document analysis, but there was some evidence from the quantitative analysis of consumer satisfaction forms.

The Project Director has been encouraged to provide consumer satisfaction data for all workshops and seminars and efforts in this regard have been made. Nevertheless, there are still instances where data were missing, particularly, those activities in which LSUMCHDC was involved. For the 1994-95 project year, consumer satisfaction data was received for the Annual Parent-Teacher Conference, however, parent responses were so few in number that no conclusions could be inferred from them. Reasons for this lack of data have been addressed in other areas of this evaluation report.

Since the contract for technical assistance has been awarded to the LSUMCHDC for the 1994-95 project year, it was hoped that the new provider would address the need for data. Because of the problems concerning employment of personnel, data were again not available to adequately evaluate that portion of the program (Objective 5). With the impending reorganization of the technical assistance component of the program, it is important that this TAC provide this much needed data in the future, so that future evaluations will include even more consumer satisfaction surveys and other sources of quantifiable information.

1. <u>What objectives were fully achieved?</u>

Looking at Table 4, it may be seen that 13 of the objectives were fully accomplished during the 1994-95 grant period. Additionally, two other objectives were accomplished during previous years of the grant. Thus, 60% of the stated objectives of the grant (15/25) were fully achieved by the end of the 1994-95 grant period.

Project year 1994-95 saw a high percentage of accomplishment in Objectives 2, 3, and 4: improving agencies' ability to identify eligible children for the deaf-blind census; increasing the ability of families to access services which meet the needs of the family unit as well as those of the child with deaf-blindness; and integrating infants/toddlers with deaf-blindness into community programs.

2. <u>What objectives were partially accomplished?</u>

As indicated in Table 4, five of the objectives were partially accomplished during the 1994-95 grant period. Thus, 20% of the project's activities (5/25) were partially accomplished in this year. The objectives with the largest number of partially accomplished goals was Objective 5 and 7, improving the capacity of intervention and educational programs to appropriately serve individuals with deaf-blindness, and examining the impact of systemic policies and practices on individuals with deaf-blindness. Each of these objectives had two Sub-objectives that were partially accomplished.

All of the Sub-objectives in Objective 5 were to be accomplished by the LSUMCHDC, which found the placement of a full-time deaf-blind specialist to be problematic. Coordination of the technical assistance activities was to be the responsibility of this specialist during the 1994-95 project year. It was expected that the LSUMCHDC would be able to provide more technical assistance in the 1994-95 grant period than its predecessor had provided in previous years. However, because of these problems, the overall rating of accomplishments for Objective 5 in 1994-95 was even lower than during the 1993-94 program year.

Due to the problems cited in this report, the quantity and the quality of data provided by the LSUMCHDC was virtually nonexistent, so the evaluation relied primarily on interviews with the key participants. It is important to remember that the LSUMCHDC and the OSES made good-faith efforts to locate a specialist to coordinate these activities, but failed to do so. The most encouraging aspect to this situation is that there appears to be a possible alternative solution. Another positive aspect in this area is that despite the limited time and resources that were allotted to technical assistance, a very important product was developed during the year. Ten teaching modules for providing technical assistance were developed, arising from the focus group activity conducted by LSUMCHDC. However, these teaching modules will not be available for use until January 1996, during the 1995-96 project year.

3. <u>What objectives were not accomplished?</u>

As noted in Table 4, five objectives were not accomplished in the 1994-95 grant period. This indicates that 20 percent of the total objectives (5/25) were not accomplished during that period. This represents an increase in the number of objectives that were not accomplished in 1993-94 (K. T. Associates, 1994), a year in which four of 29 objectives were not accomplished.

The five objectives that were not accomplished in 1994-95 are the following: Objective 5.2, assisting service providers in utilizing integrated options for service delivery; Objective 5.3, providing support via TAC to local providers in the design of activity-based curriculum; Objective 5.4, providing support via TAC to local providers in the use of an integrated related service model for children with deaf-blindness; Objective 5.5, gathering training materials related to best practice standards for children

with deaf-blindness; and Objective 7.2, utilizing resulting data to identify areas in need of revision in order to improve service provision.

The four Sub-objectives under Objective 5 were not accomplished due to the problems with finding a specialist to coordinate the activities of the TAC. This problem has been described in other parts of this report.

Sub-objective 7.2 was not accomplished in previous years either. There still appears to be a lack of clarity as to how this is to be accomplished.

4. Were project services characterized by best practices?

There were three objectives related to best practices: 5.1, 5.5, and 5.6. Of these three objectives, two were partially accomplished (5.1 and 5.6) and one was not accomplished (5.5). In general, the groundwork for the use of best practices was laid in project years 1990-91 and 1991-92. The program quality checklist, or quality indicators tool, was developed. A variety of forms were developed by the UNOTAC that would allow an assessment of best services practice for implementing educational programs and utilizing integrated options.

On the other hand, several aspects of the Sub-objectives associated with best practices were not met in the 1994-95 project year, as they had not been met in 1990-94. No model sites demonstrating quality indicators were identified during 1994-95, although BPPD staff had hoped that this would begin to happen in 1993-94. Technical assistance emphasizing best practices was conducted by the LSUMCHDC in 1994-95, but unspecific documentation from the TAC made evaluation of the accomplishment of these Sub-objectives difficult.

5. What were the major barriers encountered by the project?

It should be noted that there are fewer identified major problems in 1994-95 than there had been in 1993-94 (K. T. Associates, 1994). The hiring of Ms. Joyce Russo in October 1992 resulted in greater organization of several aspects of the deaf-blind project. Nevertheless, a few problems persisted during the 1994-95 grant period. These include:

a) The failure to locate a deaf-blind specialist to act as the coordinator for the technical assistance center. As described already in this report, the failure to locate a full-time specialist for the TAC caused a continuation of the lack of adequate technical assistance. Since the beginning of this program, there have been problems with the TAC. In the past there have been communications problems and a lack of clear goals and objectives for the TAC. With the selection of a new TAC subgrantee, it was hoped that the problems of the past would be alleviated. If anything, the problems increased this past year to the point that even less technical assistance was provided than in past years.

b) Advisory Council does not seem to be taking a leadership role in driving the grant. This continues to be a problem, despite Ms. Joyce Russo's

efforts to restructure the membership of the Advisory Council. The Advisory Council should be more active, especially in areas such as statewide policy changes and the identification of family members to help other families with deaf-blind children and youth. Perhaps the membership on the Advisory Council should be changed again to give it a more activist orientation. The failure to attain a quorum at 40% of the meetings in 1994-95, which is an increase over 1993-94 when 25% of the meetings failed to attain a quorum, indicates that some Council members are not sufficiently committed to the Council and should be replaced immediately.

6. What strategies appeared to be working in overcoming those barriers?

As mentioned above, the most serious barrier faced by the project staff was the failure to locate and place a full-time Deaf-Blind Specialist who could coordinate the activities of the Technical Assistance Center. Due to the limited funds available for this position, the chances of filling this position in the future appear to be minimal.

To counter this problem, the project staff (OSES and LSUMCHDC) have devised a possible alternative solution. The plan calls for repositioning funds from those allocated for the full-time Specialist and using those funds to hire a part-time (8-10 hours per week) person to act as the contact person for anyone seeking technical assistance. Preferably, this part-time person would be a special education teacher (either not presently teaching or only teaching part-time) who would be able to receive requests and match them with the appropriate service provider from a pool of professional consultants.

This pool of professional consultants would contain experts in multiple areas of dual sensory impairment who could be called upon to provide technical assistance to this project. Dr. Evertson stated that she has already been in contact with some of these potential pool members and has received positive responses. She further feels that since her area of expertise is in dual-sensory impairment that she has enough contacts throughout the country to maintain this professional pool.

While Dr. Evertson did not find this option as desirable as hiring a full-time Specialist, she felt confident that it will work and the necessary technical assistance will be provided the Deaf-Blind Project. However, there is a possibility that finding a part-time person with the qualifications needed to function within this project may be as problematic as finding a full-time Specialist.

7. Did project services appear to result in positive changes for individuals and their families?

Evidence from the documentation of technical assistance and the Deaf/Blind Parent Conference indicate that the parents have received services that should have resulted in positive change.

8. Did project services appear to result in improved professional practice?

At least 11 of the Sub-objectives relate to professional practice in five general areas: identification of individuals with deaf-blindness (Sub-objectives 2.1, 2.2); screening and referral (Sub-objectives 2.3, 2.4); direct services (Sub-objectives 4.1, 4.2); technical assistance to service and education providers (Sub-objectives 5.3, 5.4, 5,5); and transition services (Sub-objectives 6.1, 6.2). Of these 11 objectives related to professional practices, all were accomplished during 1994-95 or were accomplished in previous project years, except the Sub-objectives 5.3, 5.4, and 5.5. These three Sub-objectives were related to the technical assistance activities that were not accomplished due the lack of placing a full-time Deaf-Blind Specialist.

9. Did project activities result in systems changes via policy changes?

This issue was addressed in the consideration of Objective 7 in Section IV above. There wasn't any "comprehensive review of existing policies and bulletins" to determine their impact on individuals with deaf-blindness in 1994-95, just as there hadn't been such a review in 1990-94 (K. T. Associates 1992, 1993, 1994). Since no such review occurred, then policy areas in need of revision specifically with regard to the deaf-blind were not identified. The BPPD needs to decide if Objective 7 is indeed important, and either eliminate it or commit staff resources to accomplish the Sub-objectives associated with it.

10. What additional evaluation data need to be collected in subsequent years of project operations?

With regard to quantitative evaluation data, the following data need to be collected in more detail in future years:

a. Measures of consumer satisfaction related to all training workshops. While some information was available in 1994-95, there were many workshops that went unevaluated. More emphasis should be placed on the completion of consumer satisfaction scales for all workshops in 1995-96.

b. Measures related to technical assistance. The BPPD staff completed contact logs and incidences of dissemination activities in 1994-95. Staff should be encouraged to spend the time necessary to complete forms related to all activities associated with the Deaf-Blind grant.

c. Needs assessment surveys administered to parents, teachers, and service providers. The development of a needs assessment questionnaire was accomplished during the 1994-95 project year. This questionnaire was sent to the parents of students who were listed on the deaf-blind census. The return rate was low, but the information provided by these questionnaires was

valuable in determining the impressions of parents and recipients of deaf-blind services. This survey should be sent out again and additional needs assessment surveys could be administered during conferences and workshops to continue the reception of feedback from all participants in the project.

As for additional qualitative evaluation data, all 10 Sub-objectives described in Section IV that were either partially accomplished or not accomplished must be considered. For each of these Sub-objectives, more comprehensive evaluation data must be gathered in subsequent years of project operation in order to demonstrate that the Sub-objectives were met.

The project was particularly successful in four areas in 1994-95:

* provision of more direct services via telephone or visitation, as noted by the documented evidence of in-service;

* development of needs assessment information from a variety of sources (survey, focus group, training groups);

* relocating the TAC to the Louisiana State University Medical Center Human Development Center; and

* continued training focusing on Usher's Syndrome (e.g., the Deaf/Blind Parent Conference, which was cited by the federal Office of Special Education Programs as an exemplary program for that population.)

Recommendations

The following 12 recommendations are relevant to the 1995-96 project year.

1. Work with the LSUMCHDC in reorganizing the TAC. Since it is obvious that a full-time Specialist is not going to be found for the salary available through this grant, the alternative proposal expressed by Dr. Jane Evertson of LSUMCHDC is a viable solution to the problem.

2. Encourage more participation by parents of deaf-blind children by placing them on the Advisory Council and including them in the planning of and in presentations at workshops and conference sessions.

The results of the needs assessment survey sent to parents show that only 11 parents responded. Also, only two parents completed customer satisfaction forms at the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness. This indicates that either the parents of deaf-blind children in Louisiana are apathetic to the activities of the Deaf-Blind Project or (and this is the most likely explanation) they have not been encouraged sufficiently to get involved in the project. Perhaps, if these parents begin to see some of their peers participating on the Advisory Council and in workshops, then they may begin to feel more of an investment in the Deaf-Blind project.

3. Change membership in the Advisory Council to make it a more active group.

Minutes of the Advisory Council indicate that it serves mainly to accept reports regarding the grant and other deaf-blind issues. The Council should be more active, especially in discussing policy issues that affect them and in locating parents to help other parents of the deaf-blind.

Those members who do not attend regularly, resulting in quorums not being met, should be replaced immediately with members who have more commitment to the project. This has been a continuing problem. The only solution is to continue to remove those members who do not attend the meetings until members are found that will be proactive and attend the meetings.

Teachers and parents of deaf-blind students have a strong incentive to see this project succeed. By placing parents and teachers on the Advisory Council, they may energize the entire group and help it to take a more proactive role in the project.

4. Provide 3 or 4 one-day conferences around the state. The possibility of substituting a series of one-day conferences in place of the Annual Conference for Parents, Teachers, and Service Providers for Children with Deaf-Blindness would facilitate greater attendance and allow for each conference to be tailored to the interests of the particular geographic location.

5. Continue the administration of needs assessment surveys. This recommendation is also addressed above under the section detailing suggestions for future data collection. There is a need for a comprehensive statewide database concerning the needs of the parents of the deaf-blind.

6. Discontinuation of some objectives. The value of establishing a formative evaluable model lies in the ability to adapt the program over time. As evidenced by Table 1 above, the objectives and activities designed to accomplish those objectives have changed in number and content over the life of the Deaf-Blind Grant.

In this evaluation report for the 1994-95 project year there are Sub-objectives that were not accomplished. Some of these Sub-objectives have consistently failed to be accomplished over the last several years.

For this reason, coupled with the fact that there will be a reduction in the budget for the 1995-96 project year, it is recommended that all objectives be reevaluated and any objective that is not essential to the Deaf-Blind Project be dropped. This is especially the case for Objective 7.

7. Encourage all staff associated with the project to gather and analyze consumer satisfaction forms from all workshops concerning individuals with

deaf-blindness and to keep better records of measures related to technical assistance, including dissemination activities.

This recommendation is repeated from the evaluation report for the 1993-94 project year. The data generated by these surveys and record keeping activities are vital to generating a useful program evaluation. However, this project year saw even fewer instances where these data were provided.

8. Identify educational sites demonstrating quality indicators.

While this objective has been included in all of the 1990-95 project years, it has never been accomplished. The BPPD and technical assistance provider need to communicate more closely regarding this objective and, if it is an important part of the project, begin identifying sites in project year 1995-96.

VI. REFERENCES

K.T. Associates (1992). *Evaluation report for services for deaf-blind children and youth in Louisiana, 1990-91*. Baton Rouge, LA: Author.

K.T. Associates (1993). *Evaluation report for services for deaf-blind children and youth in Louisiana, 1991-92*. Baton Rouge, LA: Author.

K.T. Associates (1994). *Evaluation report for services for deaf-blind children and youth in Louisiana, 1992-93*. Baton Rouge, LA: Author.

K.T. Associates (1995a). *Evaluation report for services for deaf-blind children and youth in Louisiana, 1993-94*. Baton Rouge, LA: Author.

K.T. Associates (1995b). Evaluation report for the 1995 parent-teacher conference, LDE services for children with deaf-blindness. Baton Rouge, LA: Author.

K.T. Associates (1995c). Report on needs assessment survey Louisiana deaf-blind census. Baton Rouge, LA: Author.

Louisiana Department of Education (1991). *Application for continuation project under services for deaf-blind children and youth in Louisiana, 1991-92 project year*. Baton Rouge: Author.

Louisiana Department of Education (1992). *Application for services for children with deaf-blindness in Louisiana, 1992-93 project year*. Baton Rouge: Author.

Louisiana Department of Education (1993). *State project under services for children with deaf-blindness in Louisiana continuation application, 1993-94 project year*. Baton Rouge: Author.

Louisiana Department of Education (1994). *State project under services for children with deaf-blindness in Louisiana continuation application, 1994-95 project year*. Baton Rouge: Author.

TRACES *(1992). Deaf-blind annual count*. Monmouth, OR: Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments.

VII. PRODUCTS DEVELOPED

In Section IV, evidence was provided with regard to the accomplishment of project Sub-objectives for the 1994-95 program year. In this review of accomplishments, the reader was referred to ? Appendices (lettered A-G and found in Section VIII.) The information in these Appendices may be considered the project's major products for 1994-95.

Appendices not in copy received by ERIC.